

Impact of the Influenza Vaccine Supply Delay on the U.S. Population, 2000

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Background: An unprecedented national influenza vaccine supply delay occurred during the 2000 - 2001 influenza season. In October 2000, the Advisory Committee on Immunization Practices (ACIP) recommended focusing early vaccination efforts on persons at high risk for influenza complications (≥ 65 years and < 65 years with chronic medical conditions). We conducted the first assessment of the impact of this recommendation on vaccine use in the United States.

Methods: In October 2000, questions regarding when influenza vaccine was received and reasons for not being vaccinated were added to the FoodNet survey. This survey is a population-based monthly survey of randomly selected persons in 8 U.S. metropolitan sites that assesses the burden of acute diarrheal illness in the United States and the frequency of important exposures.

Results: Among 2,236 persons interviewed in December and January, 39% (333/852) of high risk and 13% (186/1384) of non-high risk persons reported having received influenza vaccine. Among vaccine recipients, 27% and 47% of high risk respondents were vaccinated in October and November, respectively, compared with 25% and 55% of non-high risk respondents ($p = 0.5$ and $p = 0.1$, respectively). In October, November, and December surveys, unvaccinated high risk respondents reported lack of vaccine availability as the primary reason for not being vaccinated significantly more often than non-high risk respondents (23% vs. 10%, $p = 0.0005$; 24% vs. 12%, $p < 0.0001$; and 17% vs. 10%, $p = 0.0004$, respectively).

Conclusions: The vaccine delay posed a severe national challenge for maintaining influenza vaccine coverage of high risk persons. Although high risk respondents reported higher rates of vaccination, they did not receive vaccine earlier than vaccinated non-high risk persons, despite the modified ACIP recommendations. High risk respondents were more likely to report difficulty in obtaining vaccine as an obstacle for vaccination than non-high risk respondents.

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